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PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE RALPH CORSINI. 10/14/2003 INTEGRATED FACEMASK FIREFIGHTING HOOD PACKING SYSTEM TITLE OF INVENTION: ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY APPLN. TYPE 1000.00 NON PROVISIONAL 300.00 02/02/2006 700 ± 00 E5 ART UNIT CLASS-SUBCLASS PXAMINER FOR UNINTENTIONAL +750.00 3765 RODNEY M. LINDSEY <u>ABANDON MENT</u> 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE RALPH CORSINI BAY SHORE, NY 11706 Please check the appropriate assignce category or categories (will not be printed on the putent): 🔲 Individual 🔘 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): 4a. The following fea(s) are enclosed: A check in the amount of the fee(s) is enclosed. Strue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _______ (enclose an extra copy of this form). ☐ Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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